

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **PATENT APPLICATION FEE DETERMINATION RECORD** Substituted for Form PTO-875

Application or Docket Number

## **CLAIMS AS FILED - PART I** (Column 1) (Column 2)

| FOR                                               | NUMBER FILED | NUMBER EXTRA |
|---------------------------------------------------|--------------|--------------|
| BASIC FEE (37 CFR 1.10(a))                        |              |              |
| TOTAL CLAIMS (37 CFR 1.10(c))                     | minus 20 *   |              |
| INDEPENDENT CLAIMS (37 CFR 1.10(d))               | minus 3 *    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d)) |              |              |

| SMALL ENTITY |     |
|--------------|-----|
| RATE         | FEE |
|              | \$  |
| x 1          |     |
| x 1          |     |
| x 1          |     |
| TOTAL        |     |

| OTHER THAN SMALL ENTITY |     |
|-------------------------|-----|
| RATE                    | FEE |
|                         | \$  |
| x 1                     |     |
| x 1                     |     |
| x 1                     |     |
| TOTAL                   |     |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## **CLAIMS AS AMENDED - PART II**

| AMENDMENT A                                       | (Column 1)                       | (Column 2)                         | (Column 3)    | (Column 4) |
|---------------------------------------------------|----------------------------------|------------------------------------|---------------|------------|
|                                                   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |
| Total (37 CFR 1.10(b))                            | 21                               | minus                              | 22            |            |
| Independent (37 CFR 1.10(b))                      | 6                                | minus                              | 3             | 3          |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d)) |                                  |                                    |               |            |

| SMALL ENTITY   |                |
|----------------|----------------|
| RATE           | ADDITIONAL FEE |
|                |                |
| x 1            |                |
| x 1            |                |
| x 1            |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| OTHER THAN SMALL ENTITY |                |
|-------------------------|----------------|
| RATE                    | ADDITIONAL FEE |
|                         |                |
| x 1                     |                |
| x 1                     |                |
| x 1                     |                |
| TOTAL                   |                |
| ADDITIONAL FEE          |                |

| AMENDMENT B                                       | (Column 1)                       | (Column 2)                         | (Column 3)    | (Column 4) |
|---------------------------------------------------|----------------------------------|------------------------------------|---------------|------------|
|                                                   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |
| Total (37 CFR 1.10(b))                            |                                  | minus                              |               |            |
| Independent (37 CFR 1.10(b))                      |                                  | minus                              |               |            |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d)) |                                  |                                    |               |            |

| SMALL ENTITY   |                |
|----------------|----------------|
| RATE           | ADDITIONAL FEE |
|                |                |
| x 1            |                |
| x 1            |                |
| x 1            |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| OTHER THAN SMALL ENTITY |                |
|-------------------------|----------------|
| RATE                    | ADDITIONAL FEE |
|                         |                |
| x 1                     |                |
| x 1                     |                |
| x 1                     |                |
| TOTAL                   |                |
| ADDITIONAL FEE          |                |

| AMENDMENT C                                       | (Column 1)                       | (Column 2)                         | (Column 3)    | (Column 4) |
|---------------------------------------------------|----------------------------------|------------------------------------|---------------|------------|
|                                                   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            |
| Total (37 CFR 1.10(b))                            |                                  | minus                              |               |            |
| Independent (37 CFR 1.10(b))                      |                                  | minus                              |               |            |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d)) |                                  |                                    |               |            |

| SMALL ENTITY   |                |
|----------------|----------------|
| RATE           | ADDITIONAL FEE |
|                |                |
| x 1            |                |
| x 1            |                |
| x 1            |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| OTHER THAN SMALL ENTITY |                |
|-------------------------|----------------|
| RATE                    | ADDITIONAL FEE |
|                         |                |
| x 1                     |                |
| x 1                     |                |
| x 1                     |                |
| TOTAL                   |                |
| ADDITIONAL FEE          |                |

1. If the number of claims is less than the number of independent claims, enter the number of independent claims in column 1.  
 2. If the highest number of claims previously paid for is less than 20, enter "20".  
 3. If the highest number of claims previously paid for is 20 or more, enter "20".  
 4. If the highest number of claims previously paid for is 20 or more, enter the highest number of claims previously paid for.

5. If the number of claims is less than the number of independent claims, enter the number of independent claims in column 1.  
 6. If the highest number of claims previously paid for is less than 20, enter "20".  
 7. If the highest number of claims previously paid for is 20 or more, enter "20".  
 8. If the highest number of claims previously paid for is 20 or more, enter the highest number of claims previously paid for.

10/628444

3-10-05

Shawn